

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>20</i>		<i>11-29-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>M. K.</i>	<i>1107</i>	<i>12/02/01</i>
RESPONSE FORMALITY REVIEW		<i>✓</i>	

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -∴ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim		Date			
Final	Original				
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓
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47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim		Date			
Final	Original				
51	✓	✓	✓	✓	✓
52	✓	✓	✓	✓	✓
53	✓	✓	✓	✓	✓
54	✓	✓	✓	✓	✓
55	✓	✓	✓	✓	✓
56	✓	✓	✓	✓	✓
57	✓	✓	✓	✓	✓
58	✓	✓	✓	✓	✓
59	✓	✓	✓	✓	✓
60	✓	✓	✓	✓	✓
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62	✓	✓	✓	✓	✓
63	✓	✓	✓	✓	✓
64	✓	✓	✓	✓	✓
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81	✓	✓	✓	✓	✓
82	✓	✓	✓	✓	✓
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84	✓	✓	✓	✓	✓
85	✓	✓	✓	✓	✓
86	✓	✓	✓	✓	✓
87	✓	✓	✓	✓	✓
88	✓	✓	✓	✓	✓
89	✓	✓	✓	✓	✓
90	✓	✓	✓	✓	✓
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92	✓	✓	✓	✓	✓
93	✓	✓	✓	✓	✓
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95	✓	✓	✓	✓	✓
96	✓	✓	✓	✓	✓
97	✓	✓	✓	✓	✓
98	✓	✓	✓	✓	✓
99	✓	✓	✓	✓	✓
100	✓	✓	✓	✓	✓

Claim		Date			
Final	Original				
101	✓	✓	✓	✓	✓
102	✓	✓	✓	✓	✓
103	✓	✓	✓	✓	✓
104	✓	✓	✓	✓	✓
105	✓	✓	✓	✓	✓
106	✓	✓	✓	✓	✓
107	✓	✓	✓	✓	✓
108	✓	✓	✓	✓	✓
109	✓	✓	✓	✓	✓
110	✓	✓	✓	✓	✓
111	✓	✓	✓	✓	✓
112	✓	✓	✓	✓	✓
113	✓	✓	✓	✓	✓
114	✓	✓	✓	✓	✓
115	✓	✓	✓	✓	✓
116	✓	✓	✓	✓	✓
117	✓	✓	✓	✓	✓
118	✓	✓	✓	✓	✓
119	✓	✓	✓	✓	✓
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124	✓	✓	✓	✓	✓
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126	✓	✓	✓	✓	✓
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128	✓	✓	✓	✓	✓
129	✓	✓	✓	✓	✓
130	✓	✓	✓	✓	✓
131	✓	✓	✓	✓	✓
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143	✓	✓	✓	✓	✓
144	✓	✓	✓	✓	✓
145	✓	✓	✓	✓	✓
146	✓	✓	✓	✓	✓
147	✓	✓	✓	✓	✓
148	✓	✓	✓	✓	✓
149	✓	✓	✓	✓	✓
150	✓	✓	✓	✓	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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